

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/009624

FILING DATE

APPLIED FOR

CLAIMS

1	AS FILED		1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* IND.	* IND.	* IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
2	/						51			
3	/						52			
4	/						53			
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45							94			
46							95			
47							96			
48							97			
49							98			
50							99			
TOTAL IND.	/						100			
TOTAL DEP.	18	↔								
TOTAL CLAIMS	19	↔								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS